

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF
United States of America

RECEIVED & FILED

COURT CASE NUMBER
CR 97-0091(JAF)

DEFENDANT

JEANNETTE SOTOMAYOR VAZQUEZ [2]

2000 SEP -4 PM 2:48

TYPE OF PROCESS
CANCEL Cautionary NoticeSERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Luis O. Davila Aleman, Esq. REPRESENTS R&G Mortgage Corp. Tel. (787) 758-3636 / (787) 771-4429

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

RR-9 Box 1838, San Juan, PR 00926

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Maritza Gonzalez-Rivera, Assistant United States Attorney
Chardón Tower, Suite 1201, 350 Carlos E. Chardón Street
San Juan, Puerto Rico 00918 - Telephone: 787-766-5656
Telecopier: 787-766-6219 Legal Aide M. Ruz - 787-282-1879Number of process to be
served with this Form 285Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

FINCA 2120, FOLIO 122 DEL TOMO 55 - One urban lot #2120, located at 1 Sta. Anastasia Street, Urb. El Vigia, Cupey.
Solar #1, ubicado en el Barrio Cupey de Rio Piedras, Puerto Rico, con una cabida superficial de 2,913.96 mc, colindando por
el NORTE, con area dedicada a uso publico; SUR, con terreno de Norris E. Deliz; ESTE, con la calle #2 de la Urb. El Vigia;
OESTE, con terrenos de Gabriel D. Gonzalez Couvertier.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

787-766-5656

DATE

JUL 14/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

1

District of
Origin
No. 69District to
Serve
No. 69

Signature of Authorized USMS Deputy or Clerk

Date

8/18/08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date 9/4/08 Time 1:15 ☒ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

REMARKS:

Send via certified mail. See attached receipt.

98-FBI-001234

PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285
Rev. 12/15/80
Automated 01/00AFO ☐ IN ☒
CIV ☐ OUT ☒

Item: 3

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

US DEPT OF JUSTICE (AFD)
UNITED STATES MARSHALS SERVICE
150 AVE. CARLOS CHARDON STE 200
SAN JUAN, PR 00918

7E :01 W 9Z 907 2008

RECEIVED
U.S. MARSHALS
FINANCE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
LUIS O. DAVILA ALEMAN, ESQ.
RR-9 BOX 1838
SAN JUAN, PR 00926

2. Article Number **7006 3450 001 2675 2239**
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Hernandez

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540